

Verification of Employment for Monthly Wage Supplement

Trade Act of 1974, Amended Trade Adjustment Assistance Reauthorization of 2015

NEW EMPLOYER'S NAME			WORKER'S NAME <i>(First, Middle Initial, Last)</i>	
NEW EMPLOYER'S MAILING ADDRESS <i>(Street)</i>			SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	PETITION NUMBER TAW	LO NUMBER

EMPLOYER DIRECTIONS

Following a worker's RTAA Determination of Eligibility, monthly employment data must be submitted to issue an RTAA wage supplement to this worker. Based on the information below, the TAA representative may issue a wage supplement payment. The wage supplement for RTAA benefits will be determined by answering one (1) and two (2) and entering the number of hours worked per week.

EMPLOYMENT STATUS

1. What is the worker's current wage per hour? \$ _____
2. If worker has separated, enter that last day worked? _____

WEEK 1		
WEEK 1: SUNDAY BEGINNING DATE	WEEK 1: SATURDAY BEGINNING DATE	WEEK 1: NUMBER OF HOURS WORKED
WEEK 2		
WEEK 2: SUNDAY BEGINNING DATE	WEEK 2: SATURDAY BEGINNING DATE	WEEK 2: NUMBER OF HOURS WORKED
WEEK 3		
WEEK 3: SUNDAY BEGINNING DATE	WEEK 3: SATURDAY BEGINNING DATE	WEEK 3: NUMBER OF HOURS WORKED
WEEK 4		
WEEK 4: SUNDAY BEGINNING DATE	WEEK 4: SATURDAY BEGINNING DATE	WEEK 4: NUMBER OF HOURS WORKED
EMPLOYER CONTACT PRINT NAME	SIGNATURE	EMAIL ADDRESS
DATE COMPLETED	PHONE NUMBER	FAX NUMBER

WORKER CERTIFICATION

I give this information to support my request for an RTAA wage supplement under the Trade Act of 1974, Amended 2015. The information contained in this request is correct and complete to the best of my knowledge. I understand that the law provides severe penalties for willfully failing to report earnings or knowingly giving false information to obtain RTAA assistance for which I am not entitled.

☐ YES ☐ NO I have more than one employer and am submitting more forms.

SIGNATURE OF WORKER	DATE SIGNED
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INSTRUCTIONS FOR VERIFICATION OF EMPLOYMENT FOR MONTHLY WAGE SUPPLEMENT ON RTAA

AMENDED 2015

This form must be completed every four weeks and faxed or mailed to

TRA Unit
Department of Labor and Workforce Develop-
ment
P.O. Box 280450
Nashville, TN 37228

Fax: (615) 532-3374

within 7 days of the last week covered on the verification form.

- A. **Full-time** is defined as 32 hours or more per week. To qualify under RTAA, individuals must work 32 hours or more each week.
- B. **Part-time** is defined as two or more jobs totaling 32 hours or more each week. Worker must provide a completed form for each job worked.

NOTICE TO EMPLOYERS

The RTAA program provides an incentive to older workers (50 years of age or older) to find new employment quickly. An eligible individual who finds a new full-time job paying less than \$50,000 annually may receive a salary supplement to bridge the gap between the old and new salary (up to 50% of the difference). The supplement may be paid until \$10,000 has been paid to the individual or the end of a 2-year period, whichever occurs first.

Please complete the information included under Employment Status. If there has been any change in hourly rate during the weeks, please note the wage change and date of change. Please sign and print your name in the employer contact box.

EXPLANATION OF BEGINNING AND ENDING DATES

Form begins with first full week of reemployment. Hours worked must be reported by calendar week of Sunday through Saturday.